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(Depositor's nam	me)
(Signatur	ure)
(Da	ate)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/646,228	09/14/2000	Hidcyoshi Horimai	107318	5554

TITLE OF INVENTION: THREE-DIMENSIONAL IMAGE DISPLAY

L	APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUÉ	
ų.	nonprovisional	YES	\$720	\$0	\$0	\$720	10/23/2008	
	EXAMINER ART UNIT		CLASS-SUBCLASS					
3	KUMAR, SR	ILAKSHMI K	2629	345-032000	•		•	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
P	HIDEYOSHI HORIM		categories (will not be p	SHIZHOKA:, JAPAN rinted on the patent):	Individual 🗷 Corporati	on or other private group	entity Government	
Issue Fee       Image: State of the content of the cont				<ul> <li>Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed, check no. 210491 (\$720)</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0461 (enclose an extra copy of this form).</li> </ul>				
N	a. Applicant claim	tus (from status indicated is SMALL ENTITY statu id Publication Fee (if requested to the contract of the United States)	is. See 37 CFR 1.27.	ed from anyone other than the	ger claiming SMALL ENT			

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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